# SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County**

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

## **APPLICATION FOR PERMIT** BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

MAR 24 2022

Bayfield Co. Planning and Zoning Agency

	Carlot Control of the	3 113
Permit #:	22-0107	
Date:	6-12-202	2
Amount Paid:	\$ 1110 3-24-22 Res Princ Bldg Ja	4
Other:		
Refund:		

FILL OUT IN INK (NO PENCIL)

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION <u>UNTIL ALL PERMITS HAVE BEEN ISSUED</u> TO APPLICANT.

Original Application MUST be submitted

TYPE OF PERMIT REQUESTED → □ LAND USE □ SANITARY □ PRIVY □ CONDITIONAL USE □ SPECIAL USE □ B.O.A. □ OTHER\_ Owner's Name: Leona Sedlacet Mailing Address: City/State/Zip: Telephone: Cell and Terrence Dahmen POBOX 608-385-2595 City/State/Zip: Cell Phone: 608-797-5440 44975 W Cable Late Rd cet @ yahoo. com Contractor Phone: Plumber: Plumber Phone: dGobler & Sous 5-558-1429 Andry Rasmussen 5 sons 715-798-3355 Authorized Agent: (Person Signing Application on behalf of Agent Phone: Agent Mailing Address (include City/State/Zip): Required (for Agent) Tax ID# Recorded Document: (Showing Ownership) **PROJECT** 37435 Legal Description: (Use Tax Statement) LOCATION CSM 2016 Gov't Lot Lot(s) Lot(s) # Block # Subdivision: 1/4, 1/4 乎 43 N, Range 08 W Section 12, Township Town of: Lot Size Acreage 1.96 Cable ☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Distance Structure is from Shoreline: Are Wetlands Creek or Landward side of Floodplain? If yes-Present? Shoreland Zone? Is Property/Land within 1000 feet of Lake, Pond or Flowage Distance Structure is from Shoreline : Yes Yes WNo. **●No** □ Non-Shoreland Value at Time Total # of What Type of Type of of Completion **Project Project** bedrooms Sewer/Sanitary System(s) Water \* include Project # of Stories Foundation donated time on Is on the property or Will be on the property? & material property property New Construction 1-Story ☐ Municipal/City □ Basement □ 1 ☐ City (New) Sanitary Specify Type: □ 1-Story + ☐ Addition/Alteration Foundation □ 2 Well Loft 370,000 ☐ Sanitary (Exists) Specify Type: □ Conversion 2-Story ☐ Slab **3** ☐ Relocate (existing bldg) ☐ Privy (Pit) or ☐ Vaulted (min 200 gallon) ☐ Run a Business on Use □ None ☐ Portable (w/service contract) Property Year Round ☐ Compost Toilet □ None Existing Structure: (if addition, alteration or business is being applied for)

Length: Proposed Construction: (overall dimensions) 30' **Proposed Use** Square **Proposed Structure Dimensions** Footage Principal Structure (first structure on property) 30 × 38 ) STORY 114012= 2280 Residence (i.e. cabin, hunting shack, etc.) Х with Loft X Residential Use with a Porch x 26

208 with (2nd) Porch X Sun Room 12 X18 3-5-X 216 with a Deck X with (2<sup>nd</sup>) Deck Х ☐ Commercial Use with Attached Garage 35 X 24 ) 840 **Bunkhouse** w/ ( $\square$  sanitary, or  $\square$  sleeping quarters, or  $\square$  cooking & food prep facilities) ( X ) Mobile Home (manufactured date) X ( ) Addition/Alteration (explain) ☐ Municipal Use X ( ) Accessory Building (explain) ) ( Accessory Building Addition/Alteration (explain) Х ) Special Use: (explain) X ) Conditional Use: (explain) х , ) X Other: (explain) Enclosed Breezeway between 6 x 26)

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIE	S
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct	t and complete. I (we) a skine wheeled +b -+ 1 ( )
(are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in detarmining out at the second of the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in detarmining out at the second of the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in detarmining out at the second of the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in detarmining out at the second of	
result of Bayfield County relying on this information I (we) am (are) providing in or with this shall still be in the county in determining whether to issue a per result of Bayfield County relying on this information I (we) am (are) providing in or with this shall still be in the county in the c	rmit. I (we) further accept liability which may be a
property at any reasonable time for the number of inspection	ordinances to have access to the above described
Owner(s): Xeena Della rek	2 - 21/ 24 27
owner(s).	Date 2 A7 - AU XX
result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county property at any reasonable time for the purpose of inspection.  Owner(s):	ordinances to have access to the above describe

Owner(s): Xeona	Sedlacel	Card		Many.		X.	Ihm
(If there are Multiple Owner	s listed on the Deed All (	Owners mus	t sign or	letter(s) of a	uthorization	on mus	t accompany this application)

Date 3 - 24 - 2022

(If there are Multiple Owners listed on the Deed All Owners must sign	or letter(s) of authorization must accompany this application)
Authorized Agent:	(See Note below)
(If you are signing on behalf of the owner(s) a lette	

(If you are signi	ng on behalf of t	he owner(s)	a letter of autho	orization mu	st accompany this application	on)
Address to send permit _	PO BOX	548	Cable.	WI	54821	

**Attach** 

	COP	7 01	I ax Ste	rement	
ou recently purchased the	prope	erty s	end vour	Recorded	Deed

#### APPLICANT - PLEASE COMPLETE PLOT PLAN

### In the box below: Draw or Sketch your Property (regardless of what you are applying for)

Show Location of:

**Proposed Construction** 

Fill Out in Ink - NO PENCIL

\* Well

(2)(3)

Show / Indicate: Show Location of (\*):

Show any (\*):

(4)Show:

(5)Show:

(6) Show any (\*): North (N) on Plot Plan (\*) **Driveway** <u>and</u> (\*) **Frontage Road** (Name Frontage Road) All **Existing Structures** on your Property

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond (\*) Wetlands; or (\*) Slopes over 20%

20' Easement Buried Electric Line

NA drivewex

(7)

Septic Breezewa

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measureme			Description	Setb Measure	
	352	336				
Setback from the Centerline of Platted Road	7 200	Feet		Setback from the Lake (ordinary high-water mark)	15	Feet
Setback from the Established Right-of-Way	10	Feet		Setback from the River, Stream, Creek		Feet
Buried Electrical Line				Setback from the Bank or Bluff	-	Feet
Setback from the North Lot Line	10	Feet				
Setback from the <b>South</b> Lot Line	100	Feet		Setback from Wetland	_	Feet
Setback from the West Lot Line	400	Feet		20% Slope Area on the property	□ Yes	₽No
Setback from the East Lot Line Lake	• 15	Feet		Elevation of Floodplain	/	Feet
14				"4		
Setback to Septic Tank or Holding Tank	NIA	Feet		Setback to Well	10/19	Feet
Setback to Drain Field	NIA	Feet		**		1 1
Setback to Privy (Portable, Composting)		Feet	1.7			

or to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the her previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be

# (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

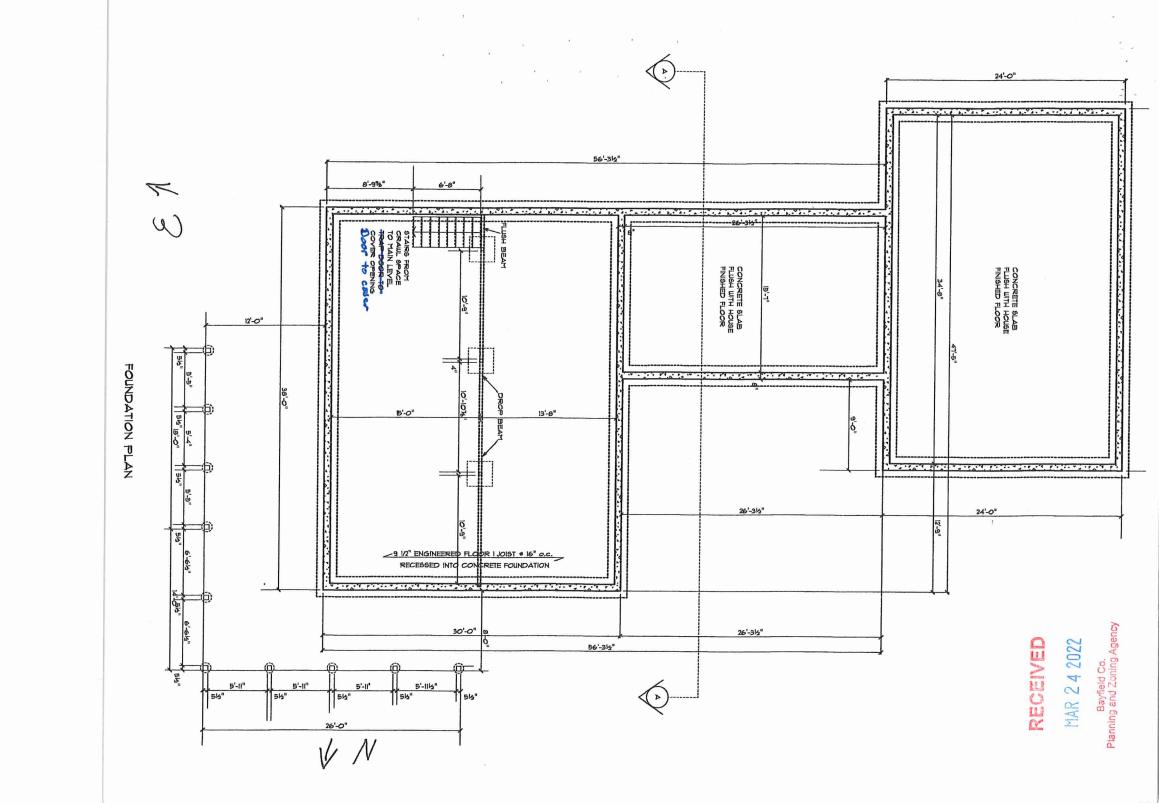
All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

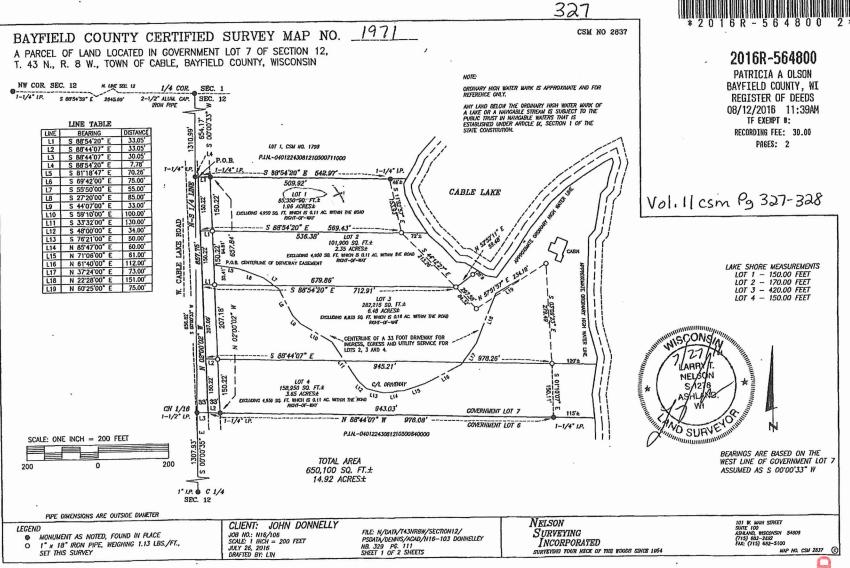
Issuance Information (County Use Only)	Sanitary Number:	12-215	# of bedrooms:	Sanitary Date: 4/24/22
Permit Denied (Date):	Reason for Denial:			
Permit #: 22-0107	Permit Date: 6 -	12-2028	9	
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming  □ Yes (Deed of Recor □ Yes (Fused/Contigu □ Yes	ous Lot(s))	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Attached
Granted by Variance (B.O.A.)  ☐ Yes		Previously Granted by ☐ Yes ☑ No	/ Variance (B.O.A.)	e #:
Was Parcel Legally Created Was Proposed Building Site Delineated  ✓ Yes □ No	es Represented by Owner Was Property Surveyed	☐ Yes ☐ No ☐ No		
Inspection Record: Irop Ines Survey	edd sites	taken		Zoning District ( R-1) Lakes Classification ( 2 )
Date of Inspection: 3/43/21	Inspected by:			Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Atta  - Build as profese b  - GeT required UDC  Signature of Inspector:	ched? I yes I No-life Meeting all, Se inspection	No they need to be atta thacks inclu	ched,)	Date of Approval: 4/26/22
Hold For Sanitary:  Hold For TBA:	Hold For Affi	davit:	Hold For Fees:	_   □

(® August 2021) ®®January 2000



# Bayfield County, WI







# Bayfield County Impervious Surface Calculations

Bayfield Co.
Planning and Zoning Agency

These calculations are **REQUIRED** per WI Admin Code NR 115.05(1)(e) and Section 13-1-32(g) and 13-1-40(h) of the Bayfield County Code of Ordinances. The undersigned hereby makes application for construction, reconstruction, expansion, replacement or relocation of any impervious surface within 300 feet of the ordinary high water mark and agrees that all activities shall be in accordance with the requirements of the Bayfield County Code of Ordinances and all other applicable ordinances and the laws of the State of Wisconsin.

Pursuant to Chapter 1, Title 13, Section 13-1-106(d) of the Bayfield County Zoning Ordinance(s), Planning and Zoning Department employees assigned to inspect properties shall have access to said properties to make inspections.

Property Owner(s):	1 1 -			,		
Leona Sedlace						* = 1
Mailing Address:		Prope	rty Address	10.1	1. 1 V. D. A	,
PO BOX 548, Cable	, WI 54821	44	975 L	/e, u	le hake Road	
Legal Description:		Section	on, Township,	Range		
1/4,	1/4,	Sec_	12	Townshi	p_43	N, Range&W
Authorized Agent/Contractor			Gov't Lot	Lot#	CSM#	Vol & Page
	.7		7	1	1971	V-11
Lot(s) # Block(s) #	Subdivision				Town of:	
	_ 1			- 17,	Cable	
Parcel ID # (PIN #)			Tax ID#		Date:	
04-012-2-43-08-12	1 05-007-14	1000	3743	25	4-3-20	12

**Impervious Surface:** An area that releases as runoff all or a majority of the precipitation that falls on it. "Impervious surface" excludes frozen soil but includes rooftops, sidewalks, driveways, parking lots and streets unless specifically designed, constructed and maintained to be pervious.

**Calculation of Impervious Surface:** Percentage of impervious surface shall be calculated by dividing the surface area of existing and proposed impervious surfaces on the portion of a lot or parcel that is within 300 feet of the ordinary high water mark by the total surface area of the lot or parcel, multiplied by 100.

**Impervious Surface Standard:** Allow up to 15% impervious surface but not more than 30% impervious surface on the portion of a lot or parcel that is within 300 feet of the ordinary high water mark. A permit can be issued for development that exceeds 15% impervious surface but not more than 30% impervious surfaces with a mitigation plan that meets the requirements of the Bayfield County Ordinance(s).

**Existing Impervious Surfaces:** For existing impervious surfaces that were lawfully placed when constructed but that do not comply with the standards in Section(s) 13-1-32(g) and Section 13-1-40(h), the property owner may do any of the following:

- a. Maintenance and repair of all impervious surfaces:
- b. Replacement of existing impervious surfaces with similar surfaces within the existing building footprint;
- c. Relocation or modification of existing impervious surfaces with similar or different impervious surfaces, provided that the relocation or modification does not result in an increase in the percentage that existed on the effective date of the county shoreland ordinance, and meets the applicable setback requirements in Section 13-1-32.

<b>Impervious</b>	Surface	Item
IIII POL II DONO		

## Dimension

# Area (Square Footage)

Impervious ourrace item	D.,,1101101011	Alta (Oqualo i Ootago)
Existing House		
Existing Accessory Building/Garage		
Existing Sidewalk(s), Patio(s) & Deck(s)	,	
Existing Covered Porch(es), Driveway & Other Structures		
Proposed Addition/House	main 30'x 38' Overheug/Stoop	1140 7 \$1,496 SF
Proposed Accessory Building/Garage / 5/a/s	garage 24x40 Slabs	+244 > 1,204 55
Proposed Sidewalk(s) & Patio(s)	Sivewalk 40x4 Patio 14x8	+ 112 > 272
Proposed Covered Porch(es) & Deck(s)	14×16 10×14	+ 224 > 364
Proposed Driveway	Driveway 20 x 377' Parking 20 x 20'	+7,540 > 7,940
Proposed Other Structures	26.25x 20	5 <b>3 5</b>
Alc & generator Concrete pd	16 X 8	128
Total:		11,929 51
a. Total square footage of lot: _	85,318 sf (	1.96 acres)
b. Total impervious surface area	a: 11,929	
c. Percentage of impervious su	rface area: 100 x (b)/a =/3	3.97 %
If the proposed impervious su	urface area is greater than 15% mitiga	tion is required.
Total square footage of additional im	pervious surface allowed: @ 15	% @ 30%
Issuance Information (County Use Only)		Date of Inspection: 3/25/22
Inspection Record:		Zoning District ( / / ) Lakes Classification ( )
Condition(s);		Stormwater Management Plan Required:
		□ Yes byNo

u/forms/impervioussurface Created: May 2012 (®Apr 2016; Sept 2020)

Signature of Inspector:

Proofed by: \_\_\_\_\_

### STATE OF WISCONSIN - BAYFIELD COUNTY **REAL ESTATE PROPERTY TAX BILL FOR 2021**

SEDLACEKDAHMEN LLC **TOWN OF CABLE** 

PO BOX 476

CABLE WI 54821 Phone: (715) 798-4440 E-Mail: Treasurer@townofcable.com

Bayfield Co. Planning Agency

SSO2 4 2 NAM

RECEIVED

SEDLACEKDAHMEN LLC PO BOX 548 CABLE WI 54821

PAYMENTS should reference: Tax ID: 37435

**DOCUMENT RECORDING**, or anything else should reference:

04-012-2-43-08-12-1 05-007-14000

Alternate/Legacy ID:

Ownership: SEDLACEKDAHMEN LLC

Important: Be sure this description covers your property. Note that this description is for tax bills only and may not be a full legal description. See reverse side for important information.

**Property Description / Location of Property** 

Site Address:

44975 W CABLE LAKE RD

**Description:** Sec 12 Tn 43 Rg 08 LOT 1 CSM #1971 IN V.11 P.327 (LOCATED IN GOVT LOT 7) IN DOC 2019R-580182

Please include self-addres Please inform your treasu	ssed, stamped irer of anv billi	envelope for na address c	return receipt. hanges	AND ADDRESS OF THE PARTY OF THE	reage: 1,960 cument:	7	019R-580182
Assessed Value Land \$151,200	Improved \$0	<u>Total</u> \$151,200	Average Assessment Ratio		Net Assesse Rate (Does NOT refle	d Value	Real Estate Tax: 1,809.6. First Dollar Credit: -0.0 Lottery Credit: -0.0
Estimated Fair Market		ф1 <b>31,200</b>	0.8813		or first dollar credit) 0.011968518		Net Real Estate Tax:         1,809.6           Total Due:         1,809.6
Land \$171,600	Improved \$0	<u>Total</u> \$171,600	An "X" means prior year t				For full payment pay to TOWN OF CABLE treasure by
¥2/1/000	E	stimated St	Property of the State of the St	Net	Tax	% Tax Change	January 31, 2022  Warning If not paid by due dates,
Taxing Jurisdiction COUNTY TOWN OF CABLE SCHL-DRUMMOND TECHNICAL COLLEGE		2020 72,610 226,237 114,452 150,827	2021 80,552 235,582 123,625 165,207	2020 628.52 636.78 378.68 58.57	654.89 720.80 379.02	4.2	installment option is lost and total tax i delinquent and subject to interest and applicable, penalty, (See reverse)
							12-16-21 904-83 Ulk # 1219
							Cax # 1219
Totals		564,126	604,966	1,702.55	1,809.65	6.3	
First Dollar Credit Lottery & Gaming Credit				0.00	0.00	0.0	
Net Property Tax				1,702.55	1,809.65	6.3	

Pay 2nd Installment Of:

904.82

by July 31, 2022

Amount enclosed:

SEDLACEKDAHMEN LLC Tax ID: 37435 (012)

Make payment payable and mail to: BAYFIELD COUNTY TREASURER JENNA GALLIGAN

PO BOX 397
WASHBURN WI 54891
Include this stub with your payment

believes that the setback from the centerline of the platted road based on his site inspection and aerial photographs would be approximately 352 feet.

#### Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept

Description	Setback Measureme	nts	Description	Setback Measurements		
Setback from the Centerline of Platted Road	7200	Feet	Setback from the Lake (ordinary high-water mark)	2.5	Feet	
Setback from the Established Right-of-Way	10	Feet	Setback from the River, Stream, Creek	_	Feet	
Buried Electrical Line			Setback from the Bank or Bluff	_	Fee	
Setback from the North Lot Line	10	Feet				
Setback from the South Lot Line	100	Feet	Setback from Wetland	_	Fee	
Setback from the West Lot Line	400	Feet	20% Slope Area on the property	☐ Yes	₹No	
Setback from the East Lot Line Lake	• 75	Feet	Elevation of Floodplain		Fee	
Setback to Septic Tank or Holding Tank	NIA	Feet	Setback to Well	10/19	Fee	
Setback to Drain Field	NIA	Feet	16			
Setback to Privy (Portable, Composting)		Feet				

Price to the placement or generatization of a structure within ten [10] feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surregard corner to the

Prior to the placement or construction of a structure more than ten [10] feet but less than thirty (30) feet from the minimum required getlack, the boundary line from which this setback must be measured must be visible from the priviously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a Channel surveyor of the owner's expense.

Please let me know if this setback seems accurate and verify Department staff can update the application with this setback.

Thanks,

Ruth Hulstrom, AICP | Director Planning and Zoning Department 117 E 5th Street, PO Box 58 Washburn, WI 54891

Phone: 715-373-3514 Fax: 715-373-0114

Email: ruth.hulstrom@bayfieldcounty.wi.gov



# Town, City, Village, State or Federal **Permits May Also Be Required**

LAND USE - X (Shoreland) **SANITARY - 22-21S** SIGN -SPECIAL -CONDITIONAL -BOA -

# **BAYFIELD COUNTY** PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	22-0107 Issued To: Terrence Dahman & Leona Sedlacek													
Location:	1/4	of	1/4	Section	12	Township	43	N.	Range	8	W.	Town of	Cable	
Gov't Lot In V.11 P.32	7 in Doc 20	Lot 022R-59	<b>1</b> 2963	Blo	ck	Sul	bdivisio	on				CSM#	1971	
Residential Structure in R-1 zoning district  For: Residential: [ 2-Story, Residence (30' x 38'); Porch (8' x 26'); Sun Room (12' x 18');  Breezeway (16' x 26'); Garage (35' x 24') = 3960 Total sq. ft. ]														

Condition(s): A Uniform Dwelling Code (UDC) Permit from the locally contracted UDC Inspection Agency must be obtained prior to the start of construction. Meet and Maintain Setbacks including eaves & overhangs. Build as proposed.

NOTE:	This permit expires one year from date of issuance if the authorized construction	Tracy Pooler
	work or land use has not begun.	Authorized Issuing Official
	Changes in plans or specifications shall not be made without obtaining approval.  This permit may be void or revoked if any of the application information is found	
	to have been misrepresented, erroneous, or incomplete.	June 12, 2022
	This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.	Date

# SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

# **APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN**

Date Stamp (Received)

APR 112022

Bayfield Co.

Permit#: 2	2-0109	EN
Date: 6	-12-2022	/
Amount Paid:	187500 5-6-6 Res Acc Struc.	12
Other:		
Refund:		

Checks are made p	ayable to: B	ayfield C	ounty Zoning		APPLICANT. Origina		Refund		OUT IN I	ık ( <mark>NO</mark>	PENCIL)		
TYPE OF PERMIT R	EQUESTED	) <del> </del>	□ LAND	USE   SANITAR	Y D PRIVY D CC	NDITIONAL US	E   SPECIAL US			arrian S.			
Owner's Name:	eches	Uc		Pagel 1135			ity/State/Zip:			Telepho	one:		
13495	ist s	+		Elly.	Cable, WI	5483	21			Cell Pho			
Email: (print clearl	(A)	ruc	resp	agel@gi	mail.com	•				262-6	353-1603		
Contractor:	11	,				Plumber:				Plumbe	r Phone:		
Authorized Agent:	BARRON Signi	ng Applica	tion on bobalf	336 -3 of Agent P	583-6663	A = + D.C = 11: A -1		. /=: \			,		
Owner(s)) Kar	l Ka	5/0	SKY		580-0157	4295 MCN	dress (include City/St		54921		Authorization ed (for Agent)		
PROJECT	egal Descri	ption:	(Use Tax Stat	Tax		10-101-1-	F		ocument: (		wnership)		
1/4,	5 A WHATE OF CABLE												
Section 18	_ , Townsh	ip <u>4</u>	3 N, Rang	ge <u>07</u> w	Town of:	bie		ot Size フィノ	58'	Acre	280		
☐ Shoreland —	Creek or	Landwa	ard side of F		escontinue —	Distance Struc	cture is from Shore	ine : feet	Is your Pro in Flood Zone	olain	Are Wetlands Present?		
a shoreland	ls Prop	erty/La	nd within 1	000 feet of Lake, Por	nd or Flowage escontinue>	Distance Struc	cture is from Shore	ine : feet	□ Ye	s	☐ Yes No		
Non- Shoreland			44			- Portal C		-	711				
Value at Time						Total # of		What Typ	ne of	S de Va	Type of		
of Completion * include		Projec	t	Project	Project	bedrooms	Married Street, St. St. and St.	Sanitary	Water				
donated time				# of Stories	Foundation	on		the pro			on property		
& material	New	Constri	uction	☐ 1-Story	☐ Basement	property  **1			on the property?				
				☐ 1-Story +			☐ Municipal/C☐ (New) Sanita	ify Type:		City			
\$ 9600	Addit	ion/Al	teration	Loft	☐ Foundation	□ 2	,=	1.5			- X-Well		
3000	☐ Conv	ersion		☐ 2-Story	□ Slab	□ 3	Sanitary (Exi		KUNE	2	PERMITE		
L.			sting bldg)				☐ Privy (Pit) o	r 🗆 Va	☐ Vaulted (min 200 gallon)				
	☐ Run a Prope		ess on	1	Use ☐ Year Round	☐ None							
		-i cy			Year Round	,	☐ Compost To	let					
Proposed Cons	re: (if addi	(overa	eration or bu	siness is being applied	for) Length: Length:	1-1	Width:		Heig				
1 Toposeu Cons	cruction.	(overa	iii dimensior	15)	Length.	/5	Width: /2		Heig	nt:	/ -		
Proposed l	Jse	1	ray and		Proposed Structu	re		Di	imensions		Square Footage		
					ructure on property)			(	X	)			
√ n			residenc	e (i.e. cabin, huntii with Loft	ig Stiack, etc.)			(	X	)			
Residentia	ıı Use			with a Porch		(	X	)					
				with (2 <sup>nd</sup> ) Porch	1 .			(	Х	)			
				with a Deck	47.00			(	Х	)			
¹□ Commerci	al Use			with (2 <sup>nd</sup> ) Deck				1	X	)			
			Runkha	with Attached		or 🗆 arabi - a	food and food	1	X	)	-		
					$\frac{1}{2}$ sleeping quarters,		rood prep facilities)	1	X	)			
☐ Municipal	llse						2	(	X	)			
_ Mameryal	JJC	A	Accessor	y Building (explain)	ELEVATI	ED DEC	W I'	1/1	X /5	5	130		
, ",			Accessor	y Building Addition	n/Alteration (explain	)		1	x	)			
V	-		Special U	se: (explain)				(	Х	)			
			Condition	nal Use: (explain)		J		(	X	)			
								( '%	X	)			
(are) responsible for t	he detail and a nty relying on	accuracy of this inforr	ny accompanyin fall information nation I (we) am	g information) has been exa I (we) am (are) providing an I (are) providing in or with t	TARTING CONSTRUCTION Varianted by me (us) and to the board that it will be relied upon by I his application. I (we) consent t	est of my (our) knowle	edge and belief it is true, co	rrect and cor	wal further acc	ant liability	ushiah masu ha a		
					er letter(s) of authorization	on must accompa	ny this application)	Date	e	/ /			

Back to Tracy - email needed for floodplain-wetter

Address to send permit 14295 MONAUGET RO

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Authorized Agent:

Turn Over

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

(1) Show Location of: **Proposed Construction** (2)Show / Indicate: North (N) on Plot Plan

Fill Out in Ink - NO PENCIL

(3)Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road) (4)Show: All Existing Structures on your Property

(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond (6)

Show any (\*): (\*) Wetlands; or (\*) Slopes over 20% (7)

SEE ATTACHED

# Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setbac Measurem			Description	Setba Measure	
					/	
Setback from the Centerline of Platted Road	4	🗘 Feet		Setback from the Lake (ordinary high-water mark)	10/1	Feet
Setback from the Established Right-of-Way	12/2	Feet		Setback from the River, Stream, Creek	16/1	Feet
				Setback from the Bank or Bluff	L./A	Feet
Setback from the North Lot Line	>50	Feet			1	
Setback from the <b>South</b> Lot Line	780	Feet		Setback from Wetland	14/18	Feet
Setback from the West Lot Line	240,	Feet		20% Slope Area on the property	☐ Yes	⊠No
Setback from the <b>East</b> Lot Line	12/2	Feet		Elevation of Floodplain	é	Feet
	- /					
Setback to Septic Tank or Holding Tank	NIB	Feet		Setback to Well	46	Feet
Setback to Drain Field	14/181.	Feet				
Setback to Privy (Portable, Composting)	14/4	Feet				
Prior to the placement or construction of a structure within ten (10) to	eet of the minimum requi	red setback, t	the bo	oundary line from which the setback must be measured must be visible from o	ne previously surveye	d corner to the

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be narked by a licensed surveyor at the owner's expense.

# (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:	city	# of bedrooms:	Sanitary Date:					
Permit Denied (Date):	Reason for Denial:								
Permit#: 22-0109	Permit Date: 6 -	12-2022	setsept disa						
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming  Yes  (Deed of Record  Fused/Contigu	ous Lot(s))	Mitigation Required Mitigation Attached		Affidavit Required Affidavit Attached  Yes No Yes No					
Granted by Variance (B.O.A.)  ☐ Yes ☑ No Case #:		Previously Granted by Variance (B.O.A.)  ☐ Yes ☐ No Case #:							
Was Parcel Legally Created Was Proposed Building Site Delineated  ✓ Yes □ No		Were Property Line	es Represented by Owner Was Property Surveyed	☐ Yes ☐ No ☐ No					
Inspection Record: 59 AMC		1		Zoning District (R-/) Lakes Classification (V/A)					
Date of Inspection: 3/12/20	Inspected by:			Date of Re-Inspection:					
Condition(s): Town, Committee or Board Conditions Attached as proposed		<u>No</u> they need to be atta	ched.)	Control of the second process of the process of the second					
Signature of Inspector:				Date of Approval: 5/26/22					
Hold For Sanitary:  Hold For TBA:	Hold For Affic	davit: 🔲	Hold For Fees: 🗌	_					

(®August 2021) ®®January 2000





# Kastrosky821 LLC

# Karl Kastrosky

Land Development & Zoning Consultant

715-580-0157

14295 McNaught Rd, Cable WI 54821

Kastrosky821@gmail.com

To Whom it may concern,

I hereby authorize Karl Kastrosky to act as my agent to procure permits											
and access information pertaining to my property at 13495 First Street											
in the Town of <u>Cable</u> County of <u>Bayfield</u>											
Bn 5 Pagel 4-4-22											
Signature	Date										
My contact information is:											
Address: 1135 Lone Tree Rd, Elm Grove	WI 53122										
Phone: 262-853-1603											
Email: brucespagel@gmail.com											

Year Estate Dayrield Country Froperty Listing

'oday's Date: 5/11/2022

Created On: 3/15/2006 1:15:08 PM

Description Updated: 10/21/2016

Tax ID:

9988 PIN: 04-012-2-43-07-18-3 00-115-07000

Legacy PIN:

012116102000

Map ID:

1unicipality: (012) TOWN OF CABLE S18 T43N R07W

TR: Description:

ASSESSORS PLAT #1 OF VILLAGE OF CABLE IN NE SW LOT 5 BLOCK A IN

2016R-565779 39V

Recorded Acres: Calculated Acres: 0.280 0.261 0

.ottery Claims: First Dollar:

Yes

'oning: :SN:

(R-1) Residential-1 108

**Tax Districts** Updated: 3/15/2006

STATE COUNTY 14 )12 TOWN OF CABLE )41491 SCHL-DRUMMOND 101700 TECHNICAL COLLEGE )47110 CABLE SANITARY DISTRICT #1

Recorded Documents Updated: 1/27/2014

WARRANTY DEED

Date Recorded: 10/18/2016 2016R-565779

PERSONAL REPRESENTATIVES DEED

Date Recorded: 12/2/2014 2014R-556966 1135-654

**■ TERMINATION OF DECEDENT'S INTEREST** 

Date Recorded: 12/2/2014 2014R-556965 1135-648

CONVERSION

Date Recorded: 3/15/2006 652-105

**3** WARRANTY DEED

Date Recorded: 10/5/1995 422282 652-105 Ownership

Updated: 10/21/2016

r roperty others ourront

PAGEL PROPERTIES LLC

ELM GROVE WI

**Billing Address:** PAGEL PROPERTIES LLC

1135 LONE TREE RD ELM GROVE WI 56122 Mailing Address:

PAGEL PROPERTIES LLC 1135 LONE TREE RD ELM GROVE WI 56122

Fite Address \* indicates Private Road

13495 1ST ST

**CABLE 54821** 

Property Assessment		Updated:	7/21/2020
2022 Assessment Detail			
Code	Acres	Land	Imp.
G1-RESIDENTIAL	0.280	2,800	57,000
2-Year Comparison	2021	2022	Change
Land:	2,800	2,800	0.0%
Improved:	57,000	57,000	0.0%
Total:	59,800	59,800	0.0%



Property History

N/A

# Town, City, Village, State or Federal Permits May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	22-0109 Issued To: Pagel Propertie						s LLC										
Location:	NE	1/4	of	SW	1/4	Section	18	Townsl	nip 4	3	N.	Range	7	W.	Town of	Cable	
Gov't Lot	-		L	ot 5	5	Blo	ock	A	Subdi	/isior		ssessor oc 2016l			_	of Cable in	1
Residential Structure in R-1 zoning district  For: Add/Alt: Elevated Deck (12' x 15') = 180 sq. ft.								Heig	nt of	1'				i.			

Condition(s): A Uniform Dwelling Code (UDC) Permit from the locally contracted UDC Inspection Agency must be obtained prior to the start of construction (if applicable) Meet and Maintain Setbacks as approved including eaves and overhangs. Build as proposed.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

# **Tracy Pooler, AZA**

**Authorized Issuing Official** 

June 12, 2022

Date